

*Cooper*

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p><b>X</b> <i>[Signature]</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Louis Boyd, Deputy Warden Bullock Correctional Facility P. O. Box 5107 Union Springs, AL 36089</p>	<p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p><i>[Signature]</i> <span style="float: right;"><i>11/2/05</i></span></p>
<p>2. Article Number (transfer from service label)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, August 2001</p>	<p style="text-align: center;">7005 1160 0001 2962 2673</p> <p style="text-align: center;">Domestic Return Receipt</p> <p style="text-align: right;">102595-02-M-1540</p>

*2:05cv981 (Comp + Order 40 days)*